had expressed views which were almost entirely in unison with those advocated by the Association. The hope was therefore expressed that Mr. Lucas would be successful in securing one of the vacant seats, especially as, with the exception of Mr. Pollock, he was the only candidate who had stated his intention to support the reforming policy as advocated at the January meeting of the Fellows.

It was decided to address a circular to the members of the Association in reference to the approaching election.

A notice of motion which Mr. Holmes intended to be sent to the Secretary of the College for the meeting of the Fellows in July was read. The terms of the motion were as follows:

That the Council be requested to instruct its representative on the General Medical Council to forward in every way which seems feasible the objects of the Civil Rights Defence Committee in the case of Mr. R. B. Anderson.

SEASONAL VARIATION IN ZYMOTIC DISEASE.

THE careful tabulations of the large number of figures now available regarding all notifiable diseases in London, given by Mr. Shirley Murphy in his annual reports, show very well what has long been recognised, that season has a great deal to do with the prevalence of the various zymotic diseases, but they show another fact, which has as yet received far too little attention, and the cause of which is very obscure, namely, that while the curve indicating the deaths does roughly follow that of the notifications, the height of the one by no means varies according to the height of the other; so that if we construct two curves, one showing the notifications week by week, and another showing the case mortality, we find that these two curves, so far from agreeing, run almost opposite courses. In scarlet fever, taking the years from 1891 to 1894, the case mortality was lowest in October, when the number of cases was actually the highest; and highest, in fact nearly twice as high, in Jauary, when the number of cases was not half as great. The figures are worth quoting:

Month.	Cases.	Deaths.	Case mortality per cent.
January	5,470	339	6.20
October	11,590	385	3.32

Not only, then, does it appear that, as a mere matter of chance, a case of scarlet fever in January is far more likely to die than one attacked in October, but that the period of greatest case mortality is quite the opposite to that of greatest prevalence.

It might be supposed that the wide extension of scarlet fever which takes place in the autumnal months is due to some influence, which from its operating at a certain time of the year we call seasonal, by which the virulence of the disease is so increased that the infection is enabled to reach many who at other seasons have proved themselves impervious to its attacks.

But an increase of the deaths from 339 to 385, spread over more than twice the number of cases, does not look like any increase of virulence, and it seems difficult to avoid the conclusion that seasonal influence includes at least two factors: one making for greater virulence and the other for greater infectivity, or perhaps susceptibility. At any rate, in estimating the value of any treatment one of the most important things to bear in mind is the seasonal influence prevalent at the time. A medicine or a treatment which reduced mortality by a-third might appear of no avail, or even actually injurious, if tried at a time of year when the natural case mortality of the disease was almost twice as great as that in which the control observations were taken.

In diphtheria much the same sequence of events is seen, although the range of difference is not so great. Taking the same series of years, we again find the lowest case mortality in October, coincident with the largest number of cases, there being in that month 4,337 cases, 889 deaths, and a case mortality of 20.50; while the highest case mortality took place in March, when there were 2,633 cases, 684 deaths, and a case mortality of 25.98 per cent.

A careful investigation of the age and sex of those attacked has convinced Mr. Shirley Murphy that such variations as exist in these respects are quite insufficient to account for the actual variation which is found. The range of case mortality in 1894 lay between 28.09 in March and 19.91 in May, a difference which must certainly be taken into account in estimating the effectiveness of any mode of treatment.

With the object of ascertaining how far case mortality, which, as we have seen, varies greatly according to time, might vary also according to place, we have worked out the case mortality of scarlet fever and diphtheria for a large number of the London districts for the same year (1894) as is dealt with in the report above referred to, and the results are somewhat curious.

The case rate of scarlet fever varies from 1.5 to 8.2 per 1,000 of population, while the case mortality varies from 1.7 per cent. (and even 0.0 per cent. in Holborn in a series of 80 cases) to 11.7 per cent. The ratio between these two rates appears to follow no rule, but it is worthy of note that the three instances of highest prevalence were associated with less than the average case mortality, and that the two heaviest case mortalities occurred in districts with much below the average prevalence of the disease.

In diphtheria much the same thing occurs. The case rate varies from 1.1 to 4.6 per 1,000 of population, while the case mortality goes as low as 9 per cent., and as high as 45 per cent. Again, there is no steady ratio between these two rates, but while several of the higher case rates, although not the highest of all, are associated with mortalities below the average, a whole string of the highest case mortalities are associated with definitely low prevalences, the frightful case mortality of 45 per cent. occurring at Lee, where the case rate was less than half the average.

EDINBURGH HARVEIAN FESTIVAL.

THE 114th Harveian Festival was held in the hall of the Royal College of Physicians on Friday, June 5th, when the President, Dr. PEEL RITCHIE, gave the oration on the Early Days and First Knights of the Royal College of Physicians of Edinburgh. He endeavoured to show, first describing the state of scant medical teaching and medical examinations in Harvey's time, the want of infirmaries and of opportunities for conference on medical subjects not only in England but in Scotland, the great good done by the establishment of the Edinburgh College of Physicians in contributing to the inauguration of these necessary reforms; and also as regards Scotland in preparing and publishing a *Pharmacopœia*. Four attempts had been made to erect a college subsequent to Harvey's first lecturing, and each of the three first he associated with Harvey. The fourth attempt was made in July, 1681, chiefly at the instigation of Dr. Robert Sibbald. To bring influence to bear on King Charles II and his brother, the Duke of York, then in Edinburgh as the King's Commissioner, the influence of their physician, Sir Charles Scarborough, was sought and obtained. Very powerful opposition was made to the scheme by the same four opponents on all four occasions. Great efforts had to be exerted to conciliate them by modifying the demands in the charter. The opposition arose from the archbishops and clergy, who were associated with the Universities as Chancellors, etc.; the Universities, who feared their prerogatives would be interfered with; and the Town Council, who were the patrons of the Edinburgh University; and by the chirurgeons, whose rights would be disturbed. On the fourth occasion the nobility also objected. The aid of the Earl of Perth and Lord Melfort was sought to lessen their opposition, whilst Scarborough secured the goodwill of the King and duke.

On St. Andrews Day, 1681, the charter of constitution was obtained, and immediately the College set to work to carry out the reforms required. The first was the compilation of the *Edinburgh Pharmacopœia*. Although this was done within two years, the opposition of some of the Fellows prevented it being published for sixteen years. The second effort at reform was to establish a dispensary for the benefit of the sick poor in the city and suburbs. This was carried on con-

stantly, and from it ultimately was developed the Royal Infirmary, towards the origination of which the College largely contributed, and undertook to attend the patients without fee, the Fellows attending in rotation two weeks at a time. The third great effort of the College was to institute an examination for the licence required by all physicians practising in Edinburgh or joining the College. There was no power to examine Scotch graduates, and from the nature of the degrees granted by some of the universities the examination of their graduates was necessary. The examination introduced consisted of three stages: (1) theoretical, or the institutions of medicine; (2) on two "aphorisms" of Hippocrates; and (3) on two practical cases. One use of the dispensary seems to have been to supply "practical cases" for the examinations. The examinations were conducted by two specially-appointed examiners in the presence of the Sederunt of the College, the assembled Fellows being the judges whether the applicant was to pass or not. These examinations or "try-alls" were continued for many years. The only charge made by the College was a contribution to the funds of the dispensary, which were distinct from those of the College itself.

The fourth great effort on the part of the College was to institute rudimentary medical society conferences, previously commenced by Sibbald in his own lodging. The President, Dr. Archibald Stevenson, delivered the address at the first College Conference, the subject being Polypus of the Heart. These conferences were continued for twenty-five years, and were stopped by the action of Dr. Archibald Pitcairn. They seem to have paved the way for ultimate development of the societies of the present day, starting with the Royal Medical of Edinburgh in 1734.

The Orator then narrated to whom the merit of these important reforms was to be assigned, and showed that the chief acting spirits of the early days were nine. Of the nine acting Fellows, he showed the parts each had performed, and concluded that the honour of inaugurating the reforms was chiefly due to Dr. Archibald Pitcairn and four senior Fellows who were knighted: Sir Archibald Stevenson, the first President; Sir Robert Sibbald, the second; Sir Andrew Balfour, the third; and Sir Thomas Burnett, who was not elected President till 1696; and concluded by an account of these four knights, especially Stevenson, Balfour, and Sibbald, the day of whose death and place of burial he had ascertained.

Sir Douglas McLagan proposed a vote of thanks to the Orator.

Thereafter the Harveians dined together. Dr. Joseph Bell, the President-elect, acted as croupier, and was supported on his right by Sir Thomas Grainger Stewart and on his left by Sir Henry D. Littlejohn. The loyal and patriotic toasts were given from the chair, as also "The Immortal Memory of Harvey." "The Medical Schools of Scotland" was given by Dr. G. W. Balfour, and spoken to by Sir Douglas MacLagan; "The President" by Dr. John Smith; "The Vice-President" by Dr. Philip; "The Visitors" by Sir Thomas Grainger Stewart; and after a pleasant evening of song and story "Floreat Res Medica" was given from the Chair.

Dr. A. W. Ballantyne (Dalkeith) was elected Vice-President and croupier for next year.

DEATHS UNDER ANÆSTHETICS.

Chloroform.

Miss K. M. Hunter, L.S.A., D.P.H.. has favoured us with the following particulars of the case of death under chloroform which occurred at the Royal Free Hospital:

J. C., aged 21, a healthy young man, came to the Royal Free Hospital, April 13th, 1896, for the amputation of a forefinger, which had been injured by a machine. The patient had last taken food four hours previously, and then only a light meal. The clothing having been loosened, and the patient lying down, chloroform was given on a piece of lint, the induction of anæsthesia being easy and quite normal in every way. After twenty minutes the man became somewhat blue, but regained his colour when the tongue was drawn forward. The pulse and respiration were quite normal. However, no more chloroform was given as the operation was nearly finished. About seven minutes later the patient stopped breathing quite suddenly, and at once became very blue. The tongue was drawn forward, the upper aperture of the larynx examined, and artificial respiration at once started. The pulse could be felt at the wrist half a minute after the cessation of respiration; pupils contracted. Amyl nitrite, hypodermic injections of strychnine, and the battery were tried, without the slightest effect. The patient made no further sign of life. In all ʒv of chloroform had been used. No *post-mortem* examination was ordered by the coroner.

THE GENERAL MEDICAL COUNCIL.

Announcement from the English Direct Representatives.

We have received the subjoined letter, with a request for publication from Sir Walter Foster and Mr. C. G. Wheelhouse. It will be seen that it announces their intention, at the close of their present term in November next, to withdraw from their present position as direct representatives for England on the General Medical Council, an announcement which will, we believe, be received with general regret, and to which we refer elsewhere. They make the announcement at the present time in order to enable the question of their proposed successors to be calmly and adequately considered in due time:—

"*To the Members of the Profession in England and Wales.*

"Gentlemen,—Ten years ago, after a struggle of many years' duration, Parliament conceded the boon of Direct Representation of the Profession on the General Medical Council, and you did us the honour to elect us as your first representatives.

"During those ten years we have endeavoured to serve you to the best of our ability, and have never lost sight of your true interests. We are not without the hope that we have been of service both to you and the Council—to you, by acting as your exponents in the various questions of professional importance that have from time to time been brought under the notice of the Council; and to the Council by seeking temperately to place your views before it, and, as far as possible, to assist in carrying out its general work.

"In what we have succeeded and in what we have failed we are content to leave the history of the Council to determine; but, so far as your wishes have been compatible with the Acts of Parliament which it is the duty of the Council to administer, we have never lost sight of them, nor failed to advocate them to the utmost of our power.

"The time has now come when, for the third time, you are called upon to choose your representatives, and, after careful and anxious consideration, we have determined to ask you to release us from the responsibility of the office.

"We desire most cordially to thank you for the great honour you have conferred upon us by twice entrusting us with your interests; and, also, to place on record our grateful sense of all the kindness we have personally received at the hands of every member of the Council, and especially of the various Presidents under whom it has been our privilege to serve.

"In conclusion, we would urge you to make very deliberate and careful choice of your future representatives, remembering the high order of the duties the Council is called upon to exercise, and when you have elected them to give them that moral support without which it is impossible for them efficiently to represent you.—We are, Gentlemen, your obedient servant,

"C. G. Wheelhouse.
"B. Walter Foster."

"June 12th 1896.

LITERARY NOTES.

Is it generally known that Napoleon attempted to make away with himself after Waterloo? Such would appear to be the case if the recently-published memoirs of General Thiébault are to be believed. The affair was kept a profound secret, but General Thiébault states that he had it from M. Cadet-Gassicourt, the Emperor's Apothecary. At the outset of the campaign which finally shattered his power, Napoleon asked Gassicourt to prepare a dose of a sure poison, to put it up in such a form that it could easily be kept hidden about the person, and yet immediately accessible. The order was